Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

030716 RICHTER

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN S SMALL ENTITY	
TOTAL CLAIMS			70	70			RATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED .		NUMBER EXTRA		BASIC F	EE 385.00		BASIC FEE	
TOTAL CHARGEABLE CLAIMS			70 minus 20=		. 50		X\$ 9:	= 1150	OR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
INDEPENDENT CLAIMS			2 minus 3 =		*		X43=	730		X86=	<u></u>
Μι	JLTIPLE DEPEN	NDENT CLAIM P	RESENT	RESENT		□			OR	\00=	
* 11	the difference	in column 1 is	less than 70	ero enter	"0" in (+145=	173	OR	÷290=	
•			less than zero, enter "0" in colun MENDED - PART II			JUIUIIII Z	TOTA	480	OR	TOTAL	
		(Column 1)	·WENDER	(Colum	nn 2)	(Column 3)	OTHER : Slumn 3) SMALL ENTITY OR SMALL E				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER JUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL .FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	XS 9=		OR	X\$18=	
AME	Independent	*	Minus	***	<u> </u>	=	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=		OR	+290=	
							TOTA	\L	┫╖╏	TOTAL	
		(Column 1)		(Colum	าก 2)	(Column 3)	ADDIT. FE	E L	_	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUMB PREVIOL PAID F	ST SER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE] [RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1	OR	+290=	
							TOTA ADDIT. FEI			TOTAL ADDIT. FEE	
- 1		(Column 1)		(Colum		(Column 3)			-		
ပ	\	CLAIMS		HIGHE NUMBE	ER	PRESENT	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
EN		REMAINING AFTER AMENDMENT		PREVIOU PAID FO		EXTRA		FEE			FEE
NOMEN	Total	AFTER AMENDMENT	Minus	PREVIOL		EXTRA	X\$ 9=		OB	X\$18=	
AMENDMENT	Independent	AFTER AMENDMENT *	Minus	PREVIOU PAID FO	OR .				OR	X\$18=	
AMENDMEN	Independent	AFTER AMENDMENT	Minus	PREVIOU PAID FO	OR .	=	X\$ 9= X43=		OR	X\$18= X86=	
AMENDMENT	Independent FIRST PRESEN	AFTER AMENDMENT *	Minus JLTIPLE DEP	PREVIOU PAID FO	CLAIM	= = = = = = = = = = = = = = = = = = =	X\$ 9=	FEE		X\$18=	